



# Academy for Gifted and Talented Application

## SECTION I: STUDENT APPLICANT INFORMATION

**Student Legal Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
Last First M.I. 10 digit state ID

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent E-mail Address:** \_\_\_\_\_

**Are any special accommodations requested to complete this application?**  Yes\*  No

*\*If YES, please contact the Magnet Programs department by phone at 256-428-6864 or by email at [magnet@hsv-k12.org](mailto:magnet@hsv-k12.org)*

**Is the student currently participating in a gifted program?**  Yes\*  No

**Name of School:** \_\_\_\_\_

**Name of Gifted Teacher:** \_\_\_\_\_

**NOTE:** Please use the Academy for Gifted and Talented Recommendation form to request one (1) recommendation from the student's Gifted Specialist and one (1) recommendation from either the student's Math or ELA teacher. A total of two (2) recommendations are required. The Gifted Specialist and classroom teacher will complete the form and submit it directly to the Magnet Programs department.

**Name of Gifted Teacher:** \_\_\_\_\_

**Name of Math or ELA Teacher:** \_\_\_\_\_

## SECTION II: STUDENT APPLICANT'S HOBBIES AND INTERESTS

Indicate the student's participation in any activities (e.g., academic camps, drama/music activities, sports, organized programs, etc.).

Activity	Position(s) Held

**FOR OFFICE USE ONLY: Submission ID #:** \_\_\_\_\_



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### SECTION III: PARENT STATEMENT OF SUPPORT

**NOTE:** The statement below is to be read and signed by the parent/guardian of the student applicant.

*I hereby agree for my child's application to be submitted to the Academy for Gifted and Talented at Williams P-8. I understand that this program will consist of extended learning opportunities that will be fostered in a collaborative, project based or problem based environment. I further understand that if my child is accepted to the Academy of Gifted and Talented, a significant academic commitment is required on the part of the child and his/her family.*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **ADDITIONAL DOCUMENTATION NEEDED:**

- Recommendations: Student Applicants must request a total of two (2) recommendations (using the Academy for Gifted & Talented Recommendation form), to include the following: one (1) from the Gifted Specialist and one (1) from either the student's Math or ELA teacher. The forms will be submitted directly to the Magnet Programs department.
- Academic Transcript (**ONLY for students NOT CURRENTLY ENROLLED in HCS. Academic transcripts for CURRENT HCS students will be pulled from student records.**)
- Standardized Test Results (**ONLY for students NOT CURRENTLY ENROLLED in HCS. Standardized Test Results for CURRENT HCS students will be pulled from student records.**)

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